

Wisconsin Department of Safety and Professional Services

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PHARMACY EXAMINING BOARD

CHANGE IN DESIGNATED REPRESENTATIVE FOR A WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

When a change in designated representative occurs for a Wisconsin licensed wholesale distributor of prescription drugs, a new Form #2812 must be completed and attached to this form. The Designated Representative listed must meet all requirements of Wis. Stats. 450.071(3)(c).

Please note: This change will not be approved until the required fingerprint check has been cleared and Form #2812 has been submitted and approved. **If applicant is VAWD accredited the designated representative will not need to submit fingerprint cards.** To check and see if the current change has been updated go to our department web site at dps.wi.gov – “License Look Up”. Please allow at least 20 working days for this change to occur.

Complete the following and return to the Pharmacy Examining Board at the address listed below.

Wholesale distributor facility that has a change in designated representative. (Complete Sections A-D)

A.	DBA NAME OF FACILITY:
	CURRENT WI LICENSE NUMBER:

NEW DESIGNATED REPRESENTATIVE

B.	Name and Address of Designated Responsible Representative for the Distribution of Prescription Drugs:		
	The designated representative named below must complete and return the Designated Representative Form (#2812) and attach with this form.		
	Full name of (new) Designated Representative		
	Address		
	City	State	Zip

C.	Read and sign below showing compliance.	
	I swear or affirm to the truthfulness of each item in Form #2812 for the Designated Representative listed above	
	.	
	Date	Signature / Title
	Date	Print full name

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PREVIOUS DESIGNATED REPRESENTATIVE

D.	NAME (please print):
	STARTING DATE:
	ENDING DATE:

Return completed form to:

**Department of Safety and Professional Services
Bureau of Health Professions
PO Box 8935
Madison WI 53708-8935**